

*Long Island Soccer Academy
15 Balsam Place
Bethpage, New York 11714*

CAMPER MEDICAL EMERGENCY INFORMATION

Please sign and return this form

Campers name: _____ **Age:** _____ **Grade:** _____

Address: _____ **City/ST:** _____ **Zip:** _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Please indicate any and all medical conditions or medications you believe we should know about:

Your Health Insurance provider: _____ **Policy #:** _____

Consent of parent or Guardian (Please read below carefully, sign and date)

As parent or legal guardian of the applicant, I authorize the Long Island Soccer Academy to request medical treatment as necessary to insure the well being of the applicant. We, the undersigned, for ourselves, our heirs, executors and administrators, waiver and release and forever discharge Long Island Soccer Academy at Syosset Woodbury Park, their Staff, Officers, agents, representatives, employees, successors of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in activities to or from the program, weather said damages, injury or loss are due to negligence or not.

Parent or guardian signature: _____ ***Date:*** _____